

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Deborah Mooneyham, L.P.N.

Petition No. 900419-11-011

CONSENT ORDER

WHEREAS, Deborah Mooneyham of Waterbury, Connecticut has been issued license number 023021 to practice as a Licensed Practical Nurse by the Department of Health Services pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and

WHEREAS, Deborah Mooneyham, hereinafter referred to as the Respondent, hereby admits and acknowledges that:

1. On or before April 4, 1990 while working as a nurse at Waterbury Hospital Health Center in Waterbury, Connecticut she abused the controlled substances Demerol, Morphine, Dilaudid, Versed, Valium, Ativan, Xanax, Tylox, Percocet.
2. On or before April 4, 1990, the respondent diverted the above controlled substances to herself from patients' PRN pain medications and preoperative medications while working at the Waterbury Hospital Health Center in Waterbury, Connecticut.
3. She is licensed as a nurse only in Connecticut and does not have licensure pending in any other state.
4. The conduct described in 1. and 2. above fails to conform to the accepted standards of the nursing profession in violation of §20-99(b) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, the Respondent hereby stipulates and agrees to the following:

1. That she waives the right to a hearing on the merits of this matter.
2. That her license number 023021 to practice as a Licensed Practice Nurse in the State of Connecticut is on probation for five (5) years.
3. That her probation is subject to the following conditions:
 - A.
 - 1.) She shall provide a copy of this Consent Order to her therapist.
 - 2.) She shall engage in counseling with a licensed or certified therapist at her own expense.
 - 3.) She shall be responsible for the provision of bi-monthly reports from her therapist for the first two years of probation; said reports are due on the first business day after every second month.
 - 4.) She shall be responsible for the provision of quarterly reports from her therapist for the remaining three years of probation; said reports are due on the first business day after every fourth month.
 - 5.) She shall be responsible for providing random urine and/or blood screens for drugs and alcohol at the discretion of her therapist. Said screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening. She shall be responsible for notifying the laboratory and her therapist of any drug(s) she is taking. There must be at least one such drug and alcohol screen bi-monthly for the first year of probation. Said reports shall be negative for drugs and alcohol.

- 6.) Said reports cited in 3.A.3., 3.A.4. and 3.A.5. above shall include documentation of dates of treatment, an evaluation of her progress and drug and alcohol free status, and copies of all laboratory reports. Said reports shall be issued to the Board at the address cited in paragraph 7. below.
- B.
- 1.) She shall provide a copy of this Consent Order to her employer.
 - 2.) She shall not accept employment as a nurse for a personnel provider for the period of her probation.
 - 3.) She shall be responsible for the provision of bi-monthly reports from her nursing supervisor (i.e. Director of Nursing) due on the first business day after every second month for the first two years of her employment during the period of her probation.
 - 4.) She shall be responsible for the provision of quarterly reports from her nursing supervisor due on the first business day after every fourth month, for the remaining years of her employment during the period of her probation.
 - 5.) Said reports cited in 3.B.3 and 3.B.4 above shall include documentation of her ability to safely and competently practice nursing. Said reports shall be issued to the Board at the address cited in paragraph 7. below.

4. That she shall not obtain for personal use and/or use alcohol or any drug that has not been prescribed for her for a legitimate purpose by a licensed health care practitioner.
5. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of employment.
6. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of address.
7. That all correspondence and reports are to be addressed to:

Office of the Board of Examiners for Nursing
Department of Health Services
150 Washington Street
Hartford, CT 06106

8. That any deviation from the term(s) of probation without prior written approval by the Connecticut Board of Examiners for Nursing shall constitute a violation of probation. A violation of any term(s) of probation specified in paragraphs 3., 4., 5., or 6. above shall result in the right of the Connecticut Board of Examiners for Nursing to immediately revoke or take other disciplinary action as cited in Connecticut General Statutes §19a-17 against her nursing license. Any extension of time or grace period for reporting granted by the Connecticut Board of Examiners for Nursing shall not be a waiver or preclude the Board's right to take action at a later time. The Connecticut Board of Examiners for Nursing shall not be required to grant future extensions of time or grace periods. Notice of revocation or other disciplinary action shall be sent to her address

of record (most current address reported to the Licensure and Renewal Section of the Division of Medical Quality Assurance of the Department of Health Services or the Connecticut Board of Examiners for Nursing). That her license shall be suspended from the date the notification of the alleged violation of probation is mailed until the decision of the Connecticut Board of Examiners for Nursing is issued and becomes effective on the violation of probation.

9. That this Consent Order is effective the first day of the month immediately following the date said Consent Order is ordered and accepted by the Connecticut Board of Examiners for Nursing.
10. That she understands this Consent Order is a matter of public record.
11. That she understands this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Connecticut Board of Examiners for Nursing (1) in which her compliance with this same order is at issue, or (2) in which her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.
12. That this Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive her of any rights that she may have under the laws of the State of Connecticut or of the United States.

13. That she permits a representative of the Public Health Hearing Office of the Division of Medical Quality Assurance, Department of Health Services to present this Consent Order and the basis for said Consent Order to the Connecticut Board of Examiners for Nursing. She understands that the Connecticut Board of Examiners for Nursing has complete and final discretion as to whether an executed Consent Order is approved or granted.
14. That she understands she has the right to consult with an attorney prior to signing this document.

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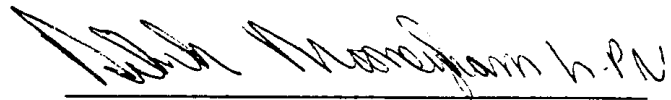
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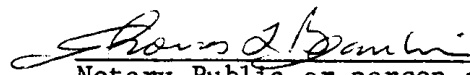
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I, Deborah Mooneyham, have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.


Deborah Mooneyham, L.P.N.

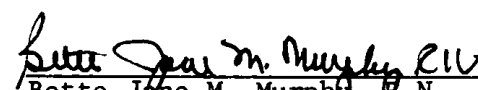
Subscribed and sworn to before me this 22 day of February 1990.


Notary Public or person authorized
by law to administer an oath or
affirmation
My Commission expires April 1996

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on the 28th day of February 1990, it is hereby accepted.


Stanley K. Peck, Director
Division of Medical Quality Assurance

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 20th day of March 1990, it is hereby ordered and accepted.

BY: 
Bette Jane M. Murphy, R.N., Chairperson
Connecticut Board of Examiners for Nursing



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION

April 1, 1996

Deborah Mooneyham
19 Brookdale Road
Seymour CT 06483

RE: Connecticut LPN License No. 023021

Dear Ms. Mooneyham:

The probationary status of your licensed practical nurse license has concluded. The probation requirements of your license have been removed effective April 1, 1996.

Renewal of your practical nurse license is required, by law, annually during the month of your birth following the date of this letter. If the license is not renewed within ninety (90) days of the due date, it will become automatically void. This means that future reinstatement will require re-application. This is a process of having your credentials re-evaluated.

State law requires you to notify this office within thirty (30) days of ANY change of address whether in or out of this state. Should you have any questions concerning this process contact this Department at 860-509-7588.

Sincerely,

A handwritten signature in cursive script, reading "Marie T. Hilliard".

Marie T. Hilliard, Ph.D., R.N.
Executive Officer
Board of Examiners for Nursing

MTH:jew

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